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Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491319004022

OMB No 1545-0052

2011

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust **Treated as a Private Foundation**

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

, and ending 06-30-2012 For calendar year 2011, or tax year beginning 07-01-2011 Initial return Initial return of a former public charity Final return G Check all that apply A mended return Address change Name change Name of foundation A Employer identification number PETER J & CONSTANCE M CRACCHIOLO FOUND 38-2561770 **B** Telephone number (see page 10 of the instructions) Number and street (or P.O. box number if mail is not delivered to street address) 24055 JEFFERSON AVENUE NO 200 (586) 445-8111 City or town, state, and ZIP code **C** If exemption application is pending, check here ST CLAIR SHORES, MI 480801514 ${\bf D}$ 1. Foreign organizations, check here Section 501(c)(3) exempt private foundation **H** Check type of organization 2. Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated J Accounting method

✓ Cash

✓ Accrual I Fair market value of all assets at end under section 507(b)(1)(A), check here of year (from Part II, col. (c), Other (specify) **F** If the foundation is in a 60-month termination line 16) **\$** 12,426,234 (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (The Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of expenses per income purposes books the instructions)) (cash basis only) 390.800 1 Contributions, gifts, grants, etc , received (attach schedule) 2 Check F if the foundation is **not** required to attach Sch B Interest on savings and temporary cash investments 385.983 385.983 Dividends and interest from securities. . . . Gross rents 5a Net rental income or (loss) h 293.746 Net gain or (loss) from sale of assets not on line 10 6a **Revenue** Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . . 293,736 Net short-term capital gain Income modifications . Gross sales less returns and allowances Less Cost of goods sold . . . Gross profit or (loss) (attach schedule) . . . 11 Other income (attach schedule) 1,070,529 679,719 Total. Add lines 1 through 11 12 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages and Administrative Expenses Pension plans, employee benefits . 15 Legal fees (attach schedule). . . Accounting fees (attach schedule). . . 夗 25.827 12.914 12.913 49,451 Other professional fees (attach schedule) 96] 49.451 0 17 14,783 20 Taxes (attach schedule) (see page 14 of the instructions) 18 334 0 19 Depreciation (attach schedule) and depletion . 6,500 1,950 4,550 20 Occupancy Travel, conferences, and meetings. 21 Printing and publications . . . 22 Operating 23 Other expenses (attach schedule) 0 260 24 Total operating and administrative expenses 97,155 64,315 17,743 Add lines 13 through 23 559.090 559,090 Contributions, gifts, grants paid. . . . 25 656,245 64,315 576,833 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 414,284 Net investment income (if negative, enter -0-) 615.404 Adjusted net income (if negative, enter -0-)

Cat No 11289X

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	(h) Boo	k Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(a) Book value	(5) 500	K Value	(c) Fall Flance Value
	2	Savings and temporary cash investments	379,555		277,762	277,762
	3	Accounts receivable -	·			
		Less allowance for doubtful accounts				
	4	Pledges receivable -				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
		ınstructions)				
	7	Other notes and loans receivable (attach schedule)				
sets		Less allowance for doubtful accounts Inventories for sale or use				
ASSE	8	I				
∢	9	Prepaid expenses and deferred charges				
	10a b	Investments—U S and state government obligations (attach schedule) Investments—corporate stock (attach schedule)	7,855,578	44	8,322,499	7,917,736
	_	Investments—corporate stock (attach schedule)	2,394,201	<u> </u>	2,506,119	<u> </u>
	11	Investments—land, buildings, and equipment basis	2,331,201	(29)	2,300,113	2,007,707
	11	Less accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	953	1,547,246	1,422,727	
	14	Land, buildings, and equipment basis •636	-			
		Less accumulated depreciation (attach schedule) > 334	0	% 3	302	302
	15	Other assets (describe				
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	12,241,813		12,653,928	12,426,234
	17	Accounts payable and accrued expenses				
	18	Grants payable				1
φ	19	Deferred revenue				1
₽	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabil	21	Mortgages and other notes payable (attach schedule)				
コ	22	Other liabilities (describe 🟲)				
	23	Total liabilities (add lines 17 through 22)	0		() -
		Foundations that follow SFAS 117, check here				
ري ط		and complete lines 24 through 26 and lines 30 and 31.				
Balance	24	Unrestricted				-
<u> </u>	25	Temporarily restricted				-
ă	26	Permanently restricted				_
Fund		and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0		ſ	
Š	27 28	Paid-in or capital surplus, or land, bldg, and equipment fund	0			
Assets	29	Retained earnings, accumulated income, endowment, or other funds	12,241,813		12,653,928	
Ą	30	Total net assets or fund balances (see page 17 of the	12,211,013		12,000,520	
Š		Instructions)	12,241,813		12,653,928	
Z	31	Total liabilities and net assets/fund balances (see page 17 of	,- :-, :			
		the instructions)	12,241,813		12,653,928	3
Pa	rt II			l		
		Total net assets or fund balances at beginning of year—Part II, column	(a) line 30 /mist -	area		
1		with end-of-year figure reported on prior year's return)		-	1	12,241,813
2		Enter amount from Part I, line 27a			\vdash	414,284
3	Other increases not included in line 2 (itemize)				3	0
4		Add lines 1, 2, and 3			4	12,656,097
5		Decreases not included in line 2 (itemize) ►			5	2,169
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	ne 30	6	12,653,928	

• •	•) of property sold (e g , re ommon stock, 200 shs M	•	(b) How acquired P—Purchase D—Donation	(c)	Date acquired io , day, yr)	(d) Date sold (mo , day, yr)
1a PUBLICLY TRADE	DSTOCKS			Р			
b CASH IN LIEU OF	FRACTION	AL SHARES		Р			
с							
d							
e							
(e) Gross sales price		(f) Depreciation allowed (or allowable)		t or other basis opense of sale			or (loss) minus (g)
a 2,	,588,480			2,294,72	0		293,760
b	21			4	5		- 24
С							
d							
e							
	s showing ga	ın ın column (h) and owne	d by the foundation	n on 12/31/69	+ ,	(I) Gains (Col	(h) gain minus
(i) F M V as of 12/31/6		(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (1)		l (k), but not l	ess than -0-) or om col (h))
a							293,760
b							-24
С							
d							
е							
2 Capital gain net inc	ome or (net	capital loss)	If gain, also enter If (loss), enter -0-		2		293,736
3 Net short-term cap	otal gain or (oss) as defined in sectio	ns 1222(5) and (6)			<u>·</u>
		8, column (c) (see pages			ı l		
If (loss), enter -0-					} ,		
Part V Qualification	Under Se	ction 4940(e) for R	educed Tay or	Net Investme	nt Ti	ncome	
f section 4940(d)(2) applies Vas the foundation liable for f "Yes," the foundation does	the section 4 not qualify u	942 tax on the distributander section 4940(e) Do	not complete this	part			┌ Yes ┌ No
1 Enter the appropriate an	nount in each	column for each year, se	ee page 18 of the ir	nstructions before	makın	<u> </u>	
(a) Base period years Calendar year (or tax year beginning in)	Adjuste	(b) d qualifying distributions	(c) Net value of noncha			(d) Distribution (col (b) divided	
2010		540,244		11,705,834			0 046152
2009		495,979		10,913,183			0 045448
2008		622,563		9,978,986			0 062387
2007		593,810		12,717,112			0 046694
2006		571,346		12,768,607			0 044746
2 Total of line 1, colu	ımn (d). .				2		0 245427
3 A verage distribution	n ratio for th	e 5-year base period—div	ıde the total on lın		3		
		ion has been in existence		'S			0 04908
4 Enter the net value	of noncharit	ion has been in existence able-use assets for 2011			4		
4 Enter the net value5 Multiply line 4 by li		able-use assets for 2011			5		11,671,49
5 Multiply line 4 by li	ne 3	able-use assets for 2011	. from Part X, line 5	5			11,671,49 572,89
5 Multiply line 4 by li	ne 3	able-use assets for 2011	. from Part X, line 5	5	5		0 049085 11,671,495 572,895 6,154
Multiply line 4 by liEnter 1% of net invAdd lines 5 and 6.	ne 3 vestment inc	able-use assets for 2011	from Part X, line 5	5	5		11,671,493 572,899 6,154

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	18 of th	e instruction	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		1	2,308
	here ► and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0
3	Add lines 1 and 2	3		1	2,308
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5		1	2,308
6	C redits/P ayments				<u> </u>
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 15,000				
ь	Exempt foreign organizations—tax withheld at source 6b				
c	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7		1.	5,000
8	Enter any penalty for underpayment of estimated tax. Check here T if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
.0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2,692
.1	Enter the amount of line 10 to be Credited to 2012 estimated tax 2,692 Refunded	11			, 0
Pai	t VII-A Statements Regarding Activities				
.a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	i		Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page	ge 19 of			
	the instructions for definition)?		1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		. 1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$0 (2) On foundation managers ▶ \$0				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	sed			
	on foundation managers 🕨 \$0				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? $$. $$.		2		No
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rtıcles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		No
1 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		. 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		No
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory direction	S		l.,	
_	that conflict with the state law remain in the governing instrument?		6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
L	Instructions) MI		_		
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		01-	V	
^	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	.)/2)	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942 ($\frac{1}{2}$) or 4942 ($\frac{1}{2}$) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XI)				
	page 27)? If "Yes," complete Part XIV		9		No
.0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	ses 🧖	10	Yes	
-	any persons become substantial contributors during the tax year. If Tes, attach a schedule listing their Hallies and adules		1 -0	1	

	990-PF (2011)		Р	age 5
	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	۱		١
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ▶PETER T CRACCHIOLO Telephone no ▶(586) 445-	8111	
	Located at \$\insertarrow\$24055 JEFFERSONSTE200 ST CLAIR SHORES MI ZIP+4 \$\insertarrow\$4808015			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			- -
13	and enter the amount of tax-exempt interest received or accrued during the year	•	•	- ,
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over		Yes	Νο
	a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
ь				
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
·	that were not corrected before the first day of the tax year beginning in 2011?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	<u> </u>		
2	operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
•	and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	<u></u>		
2-	► 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business			
L	enterprise at any time during the year?	1		
Ь	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation	1		
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	1		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	1		
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	3.		
_	If the foundation had excess business holdings in 2011.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u>-</u> .
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	1	No

Pa	rt VII-B	Statements Rega	rding Act	ivities for	· Wh	ich Form 4720	May	Be Required (cont	inue	<u>d)</u>	<u> </u>	uge c
		e year did the foundation						•				
	(1) Carry	on propaganda, or other	wise attemp	t to influenc	e leg	ıslatıon (section 49	45(e	:))?	√ No			
	(2) Influe	nce the outcome of any	specific pub	lıc election ((see	section 4955), or to	car	ry				
		rectly or indirectly, any							- No			
	(3) Provid	de a grant to an individua	al for travel,	study, or otl	hers	ımılar purposes?		┌ Yes ┡	√ No			
	(4) Provid	de a grant to an organiza	tion other th	an a charita	ble,	etc , organization de	scrib	ped				
	ın sec	tion 509(a)(1), (2), or (3	3), or section	n 4940(d)(2)? (s	ee page 22 of the in	struc	ctions) 🗆 Yes 🖟	√ No			
		de for any purpose other										
	educa	tional purposes, or for t	ne preventio	n of cruelty	to ch	ıldren or anımals?.			- No			
ь								exceptions described in				
								page 22 of the instruction		5b		
	Organizations relying on a current notice regarding disaster assistance check here											
c		wer is "Yes" to question										
								 Y es	- No			
		ttach the statement requi					-	, , , , , , , , , , , , , , , , , , , ,				
6a		undation, during the yea										
			-		-			T Yes F	√ No			
ь								benefit contract?		6b		No
		6b, file Form 8870.	i, pay piciiii	ams, ancec	, 0, ,	nuncetry, on a perso	Jilai	benefit contract.	•			
7a		·	as the found	lation a nart	v to s	nrohibited tay shel	tort	ransaction? TYes (Z No			
	a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?						7b					
	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En								love			
Pa		and Contractors	. Officers,	Director.	3, 11	ustees, i ound		ii Managers, mgmy	raid	Link	ioye	cs,
1			, foundation	n managers a	and t	heir compensation (see p	page 22 of the instruction	ns).			
				nd average		c) Compensation		(d) Contributions to	(e) F	ynens	e acc	ount
	(a) Nar	me and address		er week	(1	If not paid, enter		mployee benefit plans			owanc	
	devoted to position -0-) and deferred compensation See Additional Data Table											
366	Additional	Data Fable										
					 		 					
					-		-					
2			employees	(other than	thos	e included on line 1-	-see	page 23 of the instruction	ons).			
	If none, e	nter "NONE."						(D C				
(a	Name and	address of each employ		le, and aver				(d) Contributions to employee benefit	(e) E	xpens	se acc	ount.
		nore than \$50,000	l noi	urs per week ted to positi		(c) Compensation	on	plans and deferred			owanc	
			uevo	ted to positi	011			compensation				
ИОИ	IE											
										_		
-												
Tota	I number of	f other employees paid o	<u> </u>)								0
					- •				1			J

and Contractors (continued)	(see page 22 of the instructions). If none	nt or "NONE"
3 Five highest-paid independent contractors for professional services (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
		_
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1	uuceu, etc	· ·
1		
2		
3		
4		
·		
Part IX-B Summary of Program-Related Investments	(see nage 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during		A mount
1		
All III		
All other program-related investments See page 24 of the instruction	IS	
3		
Total Add lines 1 through 3	<u>.</u>	0

b Average of monthly cash balances	.0,248,344 480,665 1,120,220 .1,849,229
purposes a Average monthly fair market value of securities	480,665 1,120,220 .1,849,229
a Average monthly fair market value of securities	480,665 1,120,220 .1,849,229
b Average of monthly cash balances	480,665 1,120,220 .1,849,229
c Fair market value of all other assets (see page 24 of the instructions)	1,120,220 .1,849,229
d Total (add lines 1a, b, and c)	.1,849,229
	0
Padvetion alaysed for blockers on they fortune unauted on lines 1 and	
e Reduction claimed for blockage or other factors reported on lines 1a and	
1c (attach detailed explanation)	
2 Acquisition indebtedness applicable to line 1 assets	1 840 220
3 Subtract line 2 from line 1d	,∪¬¬,∠∠Э
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25	
of the instructions)	177,738
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 1	.1,671,491
6 Minimum investment return. Enter 5% of line 5	583,575
Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operations	ting
foundations and certain foreign organizations check here 🕨 I and do not complete this part.)	
1 Minimum investment return from Part X, line 6	583,575
2a Tax on investment income for 2011 from Part VI, line 5 2a 12,308	
b Income tax for 2011 (This does not include the tax from Part VI) 2b	
c Add lines 2a and 2b	12,308
3 Distributable amount before adjustments Subtract line 2c from line 1	571,267
4 Recoveries of amounts treated as qualifying distributions	0
5 Add lines 3 and 4	571,267
6 Deduction from distributable amount (see page 25 of the instructions)	0
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	
line 1	571,267
Part XII Qualifying Distributions (see page 25 of the instructions)	
A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes	
a Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	576,833
b Program-related investments—total from Part IX-B	0
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	
purposes	
3 Amounts set aside for specific charitable projects that satisfy the	
a Suitability test (prior IRS approval required)	
b Cash distribution test (attach the required schedule)	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4	576,833
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	
Income Enter 1% of Part I, line 27b (see page 26 of the instructions)	0
6 Adjusted qualifying distributions. Subtract line 5 from line 4 6	576,833
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of the section 4940(e) reduction of tax in those years	•

	art XIII Ondistributed Income (see page	(a)	(b)	(c)	(d) 2011
4	Distributable amount for 2011 from Dart VI. line 7	Corpus	Years prior to 2010	2010	571,267
	Distributable amount for 2011 from Part XI, line 7				371,207
	Undistributed income, if any, as of the end of 2011			556,569	
	Enter amount for 2010 only		0	330,303	
	Total for prior years 20		0		
	Excess distributions carryover, if any, to 2011				
	From 2006				
	From 2007				
	From 2008				
	From 2009				
	From 2010				
	Total of lines 3a through e	0			
4	Qualifying distributions for 2011 from Part				
	XII, line 4 🕨 \$ 576,833				
а	Applied to 2010, but not more than line 2a			556,569	
b	Applied to undistributed income of prior years		0		
	(Election required—see page 26 of the instructions)		U		
С	Treated as distributions out of corpus (Election	0			
_	required—see page 26 of the instructions)	-			20.264
	Applied to 2011 distributable amount				20,264
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2011	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
	Prior years' undistributed income Subtract line 4b from line 2b		0		
_	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable		_		
	amount—see page 27 of the instructions		0		
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount—see page 27			0	
	of the instructions			•	
Т	Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2011				551,003
7	Amounts treated as distributions out of				_
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27				
	of the instructions)	0			
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see page 27 of the	0			
_	instructions)	<u> </u>			
9	Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2007				
	Excess from 2008				
	Excess from 2009				
	Excess from 2010				
	Excess from 2010				
e	FYCE22 HOLLI ZOTT				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid	I During the Year or App If recipient is an individual,		uture Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)			contribution	/ I I I I I I I I I I I I I I I I I I I
a Paid during the year				
See Additional Data Table				
	<u> </u>	<u></u>	▶ 3a	559,090
b Approved for future payment		L		
ST JOHN PROVIDENCE HEALTH SYSTEM FOUNDATION	NONE	PUBLIC	INPATIENT REHAB CENTER	650,000
22101 MOROSS				
DETROIT,MI 48236				
Total				650,000

Form 990-I	PF (2011) -A Analysis of Income-Produc	sina Activitie				Page 1 2
	s amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exemp function income (See page 28 of the instructions)
b c d e f g Fees	and contracts from government agencies					
4 Divider5 Net rena Debt-b Not d	on savings and temporary cash investments and sand interest from securities			14	385,983	
8 Gain or (9 Net inc 10 Gross ; 11 Other r b c	nvestment income (loss) from sales of assets other than inventory ome or (loss) from special events profit or (loss) from sales of inventory revenue a			18	293,746	
12 Subtota 13 Total. A (See w	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Forksheet in line 13 instructions on page 2 Relationship of Activities to	 28 to verify calc	ulations)	1		679,729
Line No.	Explain below how each activity for wh the accomplishment of the organizatio page 28 of the instructions)					

Part	: XVII	Information Re Noncharitable		sfers To and Trans nizations	actions a	and Ro	elationships Wi	ith			
1 Did	the organ			e following with any other orga	nızatıon desc	ribed in s	ection			Yes	No
- 501	(c) of the	Code (other than section	501(c)(3) organizatio	ns) or in section 527, relating	to political org	anızatıor	ıs?	F			
	` '	•	. , . ,	narıtable exempt organıza							
		· -		· · · · · · · · ·					1a(1)		No
								F	1a(2)		No
	her trans					• •		· • F	14(2)		-110
			ritable evennt or	ganızatıon					16(1)		No
				empt organization				- H	1b(2)		No
				S				- H			No
								-			
									1b(4)		No
(5) Loans or loan guarantees								F			No
				draising solicitations				F			No
	_			r assets, or paid employ					1c		No
of t in a	the good: any trans	s, other assets, or se action or sharing arm	rvices given by thangement, show in	te the following schedule ne reporting foundation I n column (d) the value of	the founda the goods,	other a	ceived less than fai issets, or services	r market received	value I		
(a) Line	e No	(b) Amount involved	(c) Name of nonch	arıtable exempt organization	(d) Desc	ription of	f transfers, transactions,	, and shar	ing arra	ngemer	nts
2- I-	*h = 6=	dakian dinaaklii an in dii									
des	scribed i		ne Code (other tha	th, or related to, one or n an section 501(c)(3)) or					. F Y e	s F	No
		(a) Name of organization		(b) Type of organiza	ion		(c) Description	of relation	nship		
	the be based		nd belief, it is true	ave examined this return, e, correct, and complete s any knowledge	Declaration	of pre	parer (other than ta	xpayer o			
	 					2-11-1	6	· ·			
	F 519	nature of officer or tr	ustee		Date		7 Title				
22					Date		1	PTIN			
Sign Here	ø,	Preparer's MICH Signature					Check if self- employed ►	P(00011	558	
ß	Paid reparer Jse Only	Firm's name ▶	► PREDHOMME & CO Firm's EIN ► 38-2622				2622899	9			
	Prep.		260 E BROV	VN STREET SUITE 320]				
		Firm's address ▶	BIRMINGHA	AM, MI 48009			Phone no (248) 5	540-104	10		
-											
May th	e IRS dı	scuss this return with	n the preparer sho	wn above? See instructio	ns			₽FY	es Γ	No	

Schedule B Schedule of Contributors									
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury								
Name of organization PETER J & CONSTANCE M C	RACCHIOLO FOLIND	Employer ide	entification number						
	0								
Organization type (check one)									
Filers of:									
Form 990 or 990-EZ	501(c)() (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation								
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more inly one contributor. Complete Parts I and II	(in money or							
under sections to greater of (1) \$5 For a section 50 during the year,	$1(c)(3)$ organization filing Form 990 or 990-EZ, that met the 33^1 /3% support test of the $509(a)(1)$ and $170(b)(1)(A)(v_1)$, and received from any one contributor, during the yea $5,000$ or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line $1(c)(7)$, (8), or (10) organization filing Form 990, or 990-EZ, that received from any or aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitally, or educational purposes, or the prevention of cruelty to children or animals. Comple	ar, a contribut e 1 Complete ne contributor ible,	Parts I and II						
For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year									
	on that is not covered by the General Rule and/or the Special Rules does not file Sche it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading		990,						

990-EZ, or 990-PF)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990,

DLN: 93491319004022

Name of organization
PETER J & CONSTANCE M CRACCHIOLO FOUND

Employer identification number

38-2561770

Part I	Contributors (see Instructions) Use duplicate copies of Pa additional space is needed	rt lif	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PETER CRACCHIOLO 24055 EAST JEFFERSON AVE SUITE 200 ST CLAIR SHORES, MI 48080	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	PETER CRACCHIOLO 24055 EAST JEFFERSON AVE SUITE 200 ST CLAIR SHORES, MI 48080	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization
PETER J & CONSTANCE M CRACCHIOLO FOUND

Employer identification number

38-2561770

Part II	Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	20,000 SHARES OF MASCO STOCK, A PUBLICLY TRADED COMPANY	\$190,800	2011-12-20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
l			

Name of organization
PETER J & CONSTANCE M CRACCHIOLO FOUND

Employer identification number

38-2561770

Part III	Exclusively religious, charitable, etc., is aggregating more than \$1,000 for the grant street on tributions of \$1,000 or less for the year Use duplicate copies of Part III if additional street.	year. (Complete columns (a) through (e) the total of exclusively religious, charitable or (Enter this information once. See instru	and the following line entry) e, etc,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(0)	
	Transferee's name, address, at	(e) Transfer of gift nd ZIP 4 Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP 4 Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP 4 Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP 4 Relation	ship of transferor to transferee

Additional Data

Software ID: Software Version:

EIN: 38-2561770

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Form 990PF - Special Condition Description:

Special Condition Description

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PETER J CRACCHIOLO	PRESIDENT	0	0	0
24055 JEFFERSON AVENUE SUITE 200 ST CLAIR SHORES,MI 48080	10 00			
PETER T CRACCHIOLO	SECRETARY &	0	0	0
24055 JEFFERSON AVENUE SUITE 200 ST CLAIR SHORES,MI 48080	TREASURER 10 00			
BERNADETTE P LINDQUIST	DIRECTOR	0	0	0
24055 JEFFERSON AVENUE SUITE 200 ST CLAIR SHORES,MI 48080	1 00			
GRACE E CRACCHIOLO	DIRECTOR	0	0	0
24055 JEFFERSON AVENUE SUITE 200 ST CLAIR SHORES,MI 48080	1 00			
PHYLLIS A DEMARS	DIRECTOR	0	0	0
24055 JEFFERSON AVENUE SUITE 200 ST CLAIR SHORES,MI 48080	1 00			

Form 990PF Part XV Line 3 - Gr			1	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
AMERICAN CANCER SOCIETY 20450 CIVIC CENTER	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500
SOUTHFIELD,MI 48026 ANGELS' PLACE25240 LAHSER ROAD SUITE 2	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
SOUTHFIELD,MI 48033 ARCHDIOCESE FOR THE	NONE	PUBLIC	GENERAL OPERATING	500
MILITARY SERVICES USAPO BOX 4469 WASHINGTON,DC 200170469			SUPPORT	
BEAUMONT FOUNDATION OF GROSSE POINTEPO BOX 5802 TROY,MI 480079620	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
CAPUCHIN SOUP KITCHEN1820 MT ELLIOTT AVENUE DETROIT,MI 482073496	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,500
CARDINAL CLUB OF DETROIT278 KENWOOD COURT GROSSE POINTE FARMS, MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	450
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION3911 BEAUBIEN DETROIT,MI 48201	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500
CORNERSTONE SCHOOLS6861 E NEVADA DETROIT,MI 48234	NONE	PUBLIC	GENERAL OPERATING SUPPORT	10,000
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BOULEVARD DETROIT, MI 48208	NONE	PUBLIC	GENERAL OPERATING SUPPORT	5,300
DE LA SALLE HIGH SCHOOL14600 COMMON ROAD WARREN, MI 480883387	NONE	PUBLIC	GENERAL OPERATING SUPPORT	5,600
DIA5200 WOODWARD AVENUE DETROIT, MI 48202	NONE	PUBLIC	GENERAL OPERATING SUPPORT	70,000
DETROIT PUBLIC TV1 CLOVER COURT WIXOM,MI 483932247	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500
FONTBONNE AUXILIARY OF ST JOHN HOSPITAL & MEDICAL CENTER22101 MOROSS ROAD MOB SUITE 102	NONE	PUBLIC	GENERAL OPERATING SUPPORT	5,000
FORGOTTEN HARVEST21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500
GOODFELLOW FUND OF DETROIT PO BOX 44444 DETROIT, MI 482440444	NONE	PUBLIC	GENERAL OPERATING SUPPORT	200
GOODWILL INDUSTRIES OF GREATER DETROIT3111 GRAND RIVER AVENUE DETROIT, MI 482082962	NONE	PUBLIC	GENERAL OPERATING SUPPORT	100
GROSSE POINTE WAR MEMORIAL 32 LAKE SHORE DRIVE GROSSE POINTE FARMS, MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	5,000
HOLLEY EAR INSTITUTE22151 MOROSS ROAD DETROIT, MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	2,000
HOLY CROSS CHILDREN'S SERVICES8759 CLINTON-MACON ROAD CLINTON,MI 49236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	5,000
HYPE ATHLETICS COMMUNITY 15544 MICHIGAN AVENUE DEARBORN,MI 48126	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500
IHM SERVANTS IMMACULATE HEART MARY610 WEST ELM AVENUE MONROE,MI 481627909	NONE	PUBLIC	GENERAL OPERATING SUPPORT	600
ITALIAN AMERICAN CULTURAL SOCIETY43843 ROMEO PLANK ROAD CLINTON TOWNSHIP, MI 48038	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,175
K OF C COUNCILPO BOX 36171 GROSSE POINTE WOODS, MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	45
LUTHERAN SPECIAL EDUCATION MINISTRIES6861 E NEVADA DETROIT, MI 482342983	NONE	PUBLIC	GENERAL OPERATING SUPPORT	700
MAKE-A-WISH FOUNDATION OF MICHIGAN2300 GENOA BUSINESS PARK SUITE 290 BRIGHTON,MI 48114	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
MONKS OF THE MOST BLESSED VIRGIN MARY OF MOUNT CARMEL PO BOX 2507 CODY, WY 82414	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
MOST HOLY TRINITY CHURCH 1050 PORTER STREET DETROIT, MI 482262405	NONE	PUBLIC	GENERAL OPERATING SUPPORT	6,000
MOST HOLY TRINITY SCHOOL 1229 LABROSSE DETROIT, MI 48226	NONE	PUBLIC	GENERAL OPERATING SUPPORT	65,000
OCIMAPO BOX 952 BLOOMFIELD HILLS,MI 48303	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
OUR LADY STAR OF THE SEA467 FAIRFIELD ROAD GROSSE POINTE WOODS, MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	113,060

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
OUR LADY STAR OF THE SEA - CSA 468 FAIRFIELD ROAD GROSSE POINTE WOODS, MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	5,000
OUR LADY STAR OF THE SEA SCHOOL469 FAIRFIELD ROAD GROSSE POINTE WOODS, MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	10,460
PENRICKTON CENTER FOR BLIND CHILDREN26530 EUREKA ROAD TAYLOR,MI 481809972	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500
POPE JOHN XXII HOSPITALITY HOUSE3977 SECOND AVENUE DETROIT,MI 48201	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500
ROSE HILL FOUNDATION5130 ROSE HILL BOULEVARD HOLLY,MI 484429507	NONE	PUBLIC	GENERAL OPERATING SUPPORT	500
SACRED HEART MAJOR SEMINARY 2701 CHICAGO BLVD DETROIT,MI 482061779	NONE	PUBLIC	GENERAL OPERATING SUPPORT	4,000
SALVATION ARMYPO BOX 44530 DETROIT,MI 482440530	NONE	PUBLIC	GENERAL OPERATING SUPPORT	200
SOCIETY FOR PROPAGATION OF FAITH1230 WASHINGTON BOULEVARD DETROIT, MI 48226	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
SOLANUS CASEY CENTER BUILDING FUND1820 MT ELLIOTT AVENUE DETROIT,MI 482073485	NONE	PUBLIC	GENERAL OPERATING SUPPORT	3,000
SOLANUS CASEY CENTER CAPITAL CAMPAIGN1820 MT ELLIOTT AVENUE DETROIT, MI 482073485	NONE	PUBLIC	GENERAL OPERATING SUPPORT	2,000
SPECIAL KIDS21131 MACK AVENUE GROSSE POINTE WOODS, MI 48230	NONE	PUBLIC	GENERAL OPERATING SUPPORT	6,000
ST JOHN GUILD22101 MOROSS ROAD MOB SUITE 102 DETROIT,MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
ST FRANCES CABRINI CLINIC1234 PORTER STREET DETROIT, MI 482262407	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,500
ST JOHN PROVIDENCE HEALTH SYSTEM FOUNDATION22101 MOROSS ROAD MOB SUITE 102 DETROIT, MI 482362172	NONE	PUBLIC	INPATIENT REHAB CENTER	200,000
ST JUDE PARISH15889 E 7 MILE ROAD DETROIT,MI 48205	NONE	PUBLIC	GENERAL OPERATING SUPPORT	400
ST PHILOMENA PARISH4281 MARSEILLES DETROIT,MI 48224	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,100
TARAHUMARA CHILDREN'S HOSPITAL32538 SABRINA COURT WARREN,MI 48093	NONE	PUBLIC	GENERAL OPERATING SUPPORT	2,500
TEAM ANGELS FOUNDATION19229 MACK AVENUE GROSSE POINTE WOODS, MI 48236	NONE	PUBLIC	GENERAL OPERATING SUPPORT	100
THEO'S WORK INC2303 W MARKET STREET GREENSBORO,NC 27403	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
TRINITY EDUCATIONAL FOUNDATION17320 W 12 MILE ROAD SUITE 100 SOUTHFIELD,MI 48076	NONE	PUBLIC	GENERAL OPERATING SUPPORT	10,600
WAYNE COUNTY MEDICAL SOCIETY FOUNDATION3031 W GRAND BOULEVARD SUITE 645 DETROIT, MI 482029929	NONE	PUBLIC	GENERAL OPERATING SUPPORT	2,000
WIGS 4 KIDS30126 HARPER AVENUE ST CLAIR SHORES,MI 48082	NONE	PUBLIC	GENERAL OPERATING SUPPORT	1,000
		<u> </u>	▶ 3a	559,090

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
b Approved for future payment				
ST JOHN PROVIDENCE HEALTH SYSTEM FOUNDATION22101 MOROSS DETROIT, MI 48236	NONE	PUBLIC	INPATIENT REHAB CENTER	650,000
Total				650,000

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DLN: 93491319004022

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)	•	See separate	inst ruct ions	s. 🕨 Attach t	to your tax re	turn.		Attachment Sequence No 179
Name(s) shown on return			Business	or activity to w	hich this forn	relates	I	dentifying number
PETER J & CONSTANCE	M CRACCHIOLO	FOUND	FORM 99	00-PFPAGE 1			3	88-2561770
Part I Election	To Expense (Certain Pro			179			
Note: If y	ou have any li	sted propert	y, comple	te Part V befo	ore you com	plete Part I.		
1 Maximum amount (see	ınstructions)						1	500,000
2 Total cost of section 1	79 property plac	ed in service	(see ınstru	ctions) .			2	
3 Threshold cost of sect	ion 179 property	before reduc	tion in limit	ation (see instr	uctions) .		3	2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If	zero or les	s, enter -0-			4	
5 Dollar limitation for tax	x year Subtract	line 4 from line	e 1 Ifzero	or less, enter - 0)- If married	filing		
separately, see instru	ctions						5	
6 (a)	Description of pr	operty		(b) Cost (bu		(c) Elected co	ost	
				onl	<u> </u>			-
								-
7 Listed property Enter	the amount from	line 29			. 7			1
8 Total elected cost of s			unts in coli	ımn (c) lınes 6			8	1
9 Tentative deduction E				anni (c), inies o	ana / .		9	
10 Carryover of disallowe					· · · ·		10	
11 Business income limitation							11	
12 Section 179 expense					. —		12	
13 Carryover of disallowe					. 13			
Note: Do not use Part								
								ty) (See instructions)
14 Special depreciation a tax year (see instruction)		ified property	(otner than	listed property) placed in se	rvice during the	14	318
15 Property subject to se		loction					15	310
		election .					16	
16 Other depreciation (in Part IIII MACRS De	preciation (I	o not inclu	da listad r	roperty) (Se	· · ·	nc \	10	
MACIO DO	preciation	JO HOE Mela		ction A	.c msa acao	113.)		
17 MACRS deductions for	assets placed i	n service in ta	x years be	ginning before 2	011		17	
18 If you are electing						one or more		
general asset accou	•	•			•	▶□		
Section B-Ass	•					General Dep	recia	ation System
		(c) Bas						-
(a) Classification of	(b) Month and	depreci		(d) Recovery	(-) ((6) Madia		(g)Depreciation
property	year placed in service	(business/in use		period	(e) Convent	ion (f) Metho	a	deduction
	33.7.33	only—see ins						
19a 3-year property								
b 5-year property			318	5 0	HY	200 DB		16
c 7-year property								
d 10-year property					-			
e 15-year property	1							
f 20-year property	-			2 F wwo		S /I		
g 25-year property h Residential rental				25 yrs 27 5 yrs	MM	S/L S/L		
property				27 5 yrs	MM	S/L		
i Nonresidential real				39 yrs	MM	S/L		
property				00 ,.0	ММ	S/L		
	n C—Assets Plac	ced in Service	During 201:	1 Tax Year Using	<u> </u>	tive Depreciation	ı Syst	:em
20a Class life						S/L		
b 12-year				12 yrs		S/L		
c 40-year				40 yrs	MM	S/L		
	y (see ınstruc						_	
21 Listed property Enter	amount from line	28					21	
22 Total. Add amounts fro and on the appropriate	lines of your ret	urn Partnersh	ips and S c	orporations—se	ee instruction		22	334
23 For assets shown above portion of the basis at				t year, enter the	23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomoŁ	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Γ _{No}		2	4b If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		(f) Recover period	y M∈	(g) ethod/ ventior		(h Depreci deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		erty placed	in service (during the	tax year	and u	used moi	e than	25						
26 Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+			+		
27 Property used 50%	orless in a		iness us	e										_		
		%							S/L - S/L -		_			4		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	nes 25 throug	ıh 27 En	ter here a	and on lu	ne 21, _l	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														se vehic	les	
					a)	(1		1	(c)		(c			2)		f)
year (do not inclu-			_	Vehi	cle 1	Vehi	cle 2	. V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	mıles drıven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle us owner or related p		y by a more th	nan 5%													
36 Is another vehicle			e? .													
Section	on C—Que	stions for	Emplo	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees	ı	
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees? .		cy statement											our •	<u> </u>	es	No
38 Do you maintain a	written polic	cy statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t						ers, dire	ector	s, or 1	% or m	nore o	wners		• •	-	-+	
39 Do you treat all us						•	٠. ٠	•	• .	•	. •		•	-		
40 Do you provide movehicles, and reta				oyees, ol	btain info	ormatio •	n froi	m your • •	emplo •	yees .	about •	the us	e of the	e		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
Part VI Amo	rtization															
(a) Description of c	costs	(b) Date amortization begins	n	(A mort a mo	ızable			(d) Code ection		(e) mortiz period ercen	ation d or			(f) rtızatı hıs ye		
42 A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns)		<u> </u>	3.3011	30					
		, ==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	,	,	1	,									
						-+			\dashv							
43 Amortization of co	sts that beg	jan before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

TY 2011 Accounting Fees Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	20,967	10,484		10,483
TAX PREPARATION FEES	4,860	2,430		2,430

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TY 2011 Depreciation Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2012-06-11	636		200DB	5 000000000000	334	0		

TY 2011 Investments Corporate Bonds Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Name of Bond	End of Year Book Value	End of Year Fair Market Value
VARIOUS CORPORATE BONDS	2,506,119	2,807,707

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TY 2011 Investments Corporate Stock Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VARIOUS CORPORATE STOCKS	8,322,499	7,917,736

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TY 2011 Investments - Other Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VARIOUS OTHER INVESTMENTS	AT COST	1,547,246	1,422,727

TY 2011 Land, Etc. Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	636	334	302	302



TY 2011 Other Decreases Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Description	Amount
BASIS ADJUSTMENTS	2,169

TY 2011 Other Expenses Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE AND OFFICE SUPPLIES	260	0		260

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TY 2011 Other Professional Fees Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	49,451	49,451		0



TY 2011 Substantial Contributors Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Name	Address	
PETER J CRACCHIOLO	24055 JEFFERSON AVE NO 200 ST CLAIR SHORES,MI 48080	

TY 2011 Taxes Schedule

Name: PETER J & CONSTANCE M CRACCHIOLO FOUND

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE OF MICH NON PROF CORPORATION REPORT FEE	20	0		20
EXCISE TAX	14,763	0		0